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so even in cases suffering from arthritis) when the resistance is 'complete'. In the latter condition a positive reaction occurs more frequently after non-specific protein therapy, which may therefore

stimulate the formation of large amounts of specific antibodies.

Dr. Price, in his monograph on the subject, states that it is useless to perform a test for cure until this test has become negative, but he overlooks the fact that gonococcal antibodies, when once formed, may persist for months, years or throughout life and that it is not necessary for an infective focus to co-exist. This is one of the chief reasons why I consider that a positive reaction is useless as a test for cure.

I have already published the results of this test, carried out on sixty stricture cases, attending for dilatations at the out-patient clinics at St. Peter's Hospital. The patients were between the The patients were between the ages of fifty-five and seventy years and the most recent gonococcal infection was of thirty-five years' standing. In 33 per cent there were positive reactions, but in no case were gonococci detected in the urinary tract. Furthermore, I have been consulted repeatedly by patients with positive serum reactions, who have previously attended elsewhere (sometimes for years of instrumentation combined with prostatic and vesicular massage) and have been refused a clean bill of health for marriage. I know that in a small percentage of these cases (when an all-night specimen of urine is clear with no threads, and smears after prostatic and vesicular massage are normal) Dr. Price has succeeded in growing organisms which give a positive oxidase reaction, but it has never been possible to grow these in pure culture, and in my opinion, derived from the overwhelming evidence of the other tests and subsequent observations, they are not gonococci.

In view of the frequency of persistent positive reactions which have no clinical significance, it is my considered opinion that physicians and surgeons should not rely upon this test in the diagnosis of suspected gonococcal complications, as its use frequently results in unnecessary mental agony to patients. A girl aged twenty-two years, serving in the Forces, was recently sent to me for an opinion. She had been diagnosed as suffering from rheumatic fever but, unfortunately for her, the G.C.F.T. showed a weak positive reaction. This was easily accounted for, when it was noted that the previous history showed an attack of vulvo-vaginitis at four years of age, persisting for some years in spite of treatment, during which period large numbers of antibodies would have appeared in the blood stream. The Service medical officers, however, while admitting that the hymen was intact and that gonococci had never been found in smears or cultures of the secretions, nevertheless labelled her, on the serum reaction only, as suffering from gonococcal arthritis. I wrote to the senior venereal diseases officer of the Service concerned and the word "gonococcal" has now been deleted from her documents.

The test is frequently negative when gonococci are present in the secretions and Dr. Price has ingenious explanations—'closed' and 'open' infections—for these discrepancies. He admits, however, that this state of affairs may exist in early infections of less than twenty-one days' duration, in infections limited to the anterior urethra in the male or the lower genitalia in the female and in infections of the vesiculae seminales and prostate which have been treated by massage; but he does not mention the only important group, those who are suffering from drug resistance. It is my considered opinion that infections in the male are never limited to the anterior urethra and that the posterior urethra is involved even during the incubation period of the disease. The test invariably gives negative results in ano-rectal infections in the male, and in a series of 110 cases it was positive on eight occasions only and two of these cases gave a previous history of

gonococcal urethritis; the remaining six may very well have been false positives.

False positive reactions are indeed frequent in this test. Jacoby, Wishengrad and Koopman found non-specific reactions to be 15.5 per cent and Carpenter, in one of his series, found it as high as 71 per cent. There may also be cross-fixation with other allied organisms—Dr. Price

admits that this may occur with M. catarrhalis.

There are many pitfalls in diagnosing gonorrhoea on weakly positive results and the following is an excellent example. In the pre-chemotherapy era a doctor's wife was transferred to me by a gynaecologist for the investigation of a vaginal discharge. Smears and cultures were negative for gonococci, but Dr. Price found the G.C.F.T. to be weakly positive. The test was repeated by five pathologists, including Dr. Price, who was the only one to return a positive reaction. In his report he stated that 'a weakly positive reaction (±) complement fixation reaction for gonorrhoea is, in my opinion, definite evidence of infection'. No gonococci, however, were found after repeated examinations.

The complement fixation test for gonorrhoea will, I feel certain, have the same fate as did a similar test for pulmonary tuberculosis. London, W.1 A. H. HARKNESS

## REFERENCES

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Acute encephalopathy during neoarsphenamine treatment

Major W. A. Young in a personal communication refers to the article written by himself and Major S. Gordon which was published under the above title in the Journal for March, 1944. He states that a possible explanation of the large incidence of acute arsenical encephalopathy dealt with in the article was the fact that the arsenical solutions were sometimes allowed to stand for an hour before they were used.